Rooming & Lodging House License Application

Complete All The Information for the Application. PLEASE PRINT

Owner: First Name	Middle Init	ial Last Name
Date of Birth: (Month) (Day)	(Year) OR	Federal ID #
Telephone #:	<u> </u>	Cell Phone #
Mailing Address:		
Email Address:		
Number of Dwelling Units:		
Maximum Number of Occupants		
Rental Property Manager (if app	licable):	
	MENT: \$30.00	OMS: \$20.00 DUPLEX APARTMENT: \$25.00 PLUS AN ADDITIONAL \$30.00 FOR A FIRST TIME ATION
lodging house upon full compliance acknowledge by my application tha above, and, by my application agre	e with all City Hot t I am required to e to all terms and to schedule all	ense that will permit me to operate a rooming and using and Zoning Codes governing same. I hereby have a housing license for the property listed conditions of the City Housing and Zoning Codes. inspections. Call 715-232-2241 to make resent for the inspections.
Owner / Agent Signature		Date
		Late Fee: <u>\$ 10.00</u> Receipt #
Late Inspection Fee: \$25.00 Re	eceipt #	